

Carrying Place Rate Payers Association: Membership Registration—2008



Your CPR Membership of \$20 per household per year helps fund Carrying Place events and CPR initiatives.

FIRST NAME _____ LAST NAME _____

_____ ADDRESS _____

E-MAIL ADDRESS _____ PHONE NUMBER _____

TOTAL # OF RESIDENTS (0 - 6) (7 - 12) (13 - 18)
NUMBER OF CHILDREN PER AGE CATEGORY

The Member and the CPR Association agree to the use of Members personal information only for the purpose of CPR events and/or correspondence.

The Member and the CPR Association agree that this information is not to be shared with other parties for the purposes of solicitation.

CPR Executive Initials: _____ Member Initials: _____ Treasurer Initials: _____

\$20*
Annual Membership

* Cheques Payable to:
Carrying Place
Ratepayers Association

Yes! I'd like to
Volunteer for
CPR Sponsored
Events.

Office Use Only:

Membership Year: 2008

www.carryingplace.org